



**Solicitation Information
March 12, 2014**

RFP# 7548570

TITLE: Tobacco Control Community Education and Coordinating Organization

Submission Deadline: Thursday, April 10, 2014 at 11:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: NO

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **Friday, March 21 at 10:00AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting proposals from qualified agencies to serve as the Tobacco Control Community Education and Coordinating Organization, in accordance with the terms of this Request for Proposals (RFP) and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately July 1, 2014 for one year. Contracts may be renewed for up to four additional twelve-month periods based on vendor performance and the availability of funds

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.

10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement
16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an "eligible entity," as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an "eligible entity," as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from smoking or exposure to secondhand smoke. There is no risk-free level of exposure to tobacco smoke. For every person who dies from tobacco use, 20 more people suffer from one or more serious tobacco-related illness, including numerous types of cancer, heart disease, and respiratory illnesses.

The Rhode Island Department of Health, Tobacco Control Program (TCP), works to create changes in social, political, and physical environments to make it harder for people to start using, and to continue using, tobacco. The TCP focuses on the following four Center for Disease Control and Prevention (CDC) goals of (1) preventing initiation of tobacco use among young people; (2) eliminating non-smokers' exposure to second hand smoke; (3) promoting quitting among adults and young people; and (4) eliminating tobacco-related disparities. For example, TCP's aims to: expand smoke free environments; facilitate capacity building for environmental change; provide technical assistance; and limit youth access to tobacco products. The RI Tobacco Control Program (TCP) and its partners inform tobacco related policy decisions with science-based information and education, and advocate for strategies that will reduce adult and youth smoking rates, and provide access to cessation treatment services for individuals that want to quit.

SECTION 3: SCOPE OF WORK

General Description

In the fight to control tobacco use and reduce tobacco use in Rhode Island, the Tobacco Control Community Education and Coordinating Organization will identify priority tobacco control strategies to transform tobacco free norms with a goal of making tobacco smoking less desirable, acceptable and accessible. The organization will engage key stakeholders in the tobacco control movement and educate them in regard to tobacco control issues and Center for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs. In addition, the organization will provide training and on-going technical assistance.

The Tobacco Control Community Education and Coordinating Organization will create healthy working relationships with state and community partners to engage them in stakeholder and community based educational activities, and local campaigns that will further tobacco control program goals. This work is to be carried out by building the capacity of individuals, communities, local coalitions and community based organizations to respond with strategies to reduce tobacco use, and promote access to tobacco treatment services in our state.

Community-based, public or non-profit organizations and others that can demonstrate their experience in coalition development for tobacco control are encouraged to submit proposals in response to this Request. The funded organization will hire a manager for the Rhode Island tobacco control organization, and may recruit services of a subcontractor to conduct training and provide on-going technical assistance. The applying organization must have the capacity to support a detailed media outreach plan to include a tobacco control website with related resources including social networking sites.

Specific Activities / Tasks

- Build capacity among tobacco control stakeholders to address environmental changes necessary to eradicate tobacco initiation and use in Rhode Island. This may include; curbing access to tobacco products, engaging community support to reduce the availability of tobacco products - especially to youth, reducing tobacco company promotions that negate the health effects of the cigarette excise tax, and other policy initiatives.
- Enlist leaders in various sectors to help disseminate tobacco control information. Outreach should include diverse partners in the tobacco control movement including faith based organizations, youth-focused organizations, health care providers, businesses, health insurance companies, community health centers, housing advocates and others. Also, identify and work with RI cities and towns, local communities, organizations and funded grantees of the Tobacco Control Program to encourage participation in the organization and in advocacy activities throughout the year.
- Increase overall membership in the organization and motivate members to stay actively involved in local and statewide tobacco control policy issues.
- Create a plan to have youth engaged in the work of the organization.

- Outreach to diverse stakeholders not only those interested in tobacco control issues, but also groups working around health equity, healthy homes, neighborhood revitalization, and other social justice issues.
- Plan awareness raising activities around the Great American Smoke Out, Kick Butts Day and World No Tobacco Day, and provide technical assistance to interested local communities.
- Raise public awareness of tobacco and health issues via media outreach and social media.

Priority Policy Area Initiatives to include:

- Developing and executing a three to five year Strategic Tobacco Control Plan for the tobacco control organization. The plan will include environmental change, media, evaluation, and sustainability strategies and goals. The plan is to employ CDC Best Practice goals of (1) preventing initiation of tobacco use among young people; (2) eliminating non-smokers' exposure to second hand smoke; (3) promoting quitting among adults and young people; and (4) eliminating tobacco-related disparities, and the World Health Organization's (WHO) **mpower** model of proven tobacco control strategies and interventions that include: **m**onitoring tobacco use; **p**rotecting people from tobacco smoke; **o**ffering help to quit tobacco use; **w**arning about the dangers of tobacco; **e**nforcing bans on tobacco advertising and promotion; **r**aise taxes on tobacco products.
- Creating and launching a consensus-built yearly environmental change agenda that adheres to CDC and WHO models. The organization will sponsor and facilitate a yearly environmental change goal setting meeting for the entire organizational membership. The resulting platform will become part of the organization's yearly work plan.
- Actively reaching out and working with stakeholders from cities and towns to support their capacity building efforts around local tobacco control environmental change efforts.
- Encouraging flexibility and resiliency among stakeholders. Managing the agenda while being able to facilitate change depending upon the current economic and environmental climate of the state.
- Creating a yearly media outreach and evaluation plan for organizational priorities.

Priority Training and Technical Assistance Areas to include:

- Training to enhance the capacity of the coalition's leadership bodies. This includes recruiting and training new members, and defining and developing the roles of the organization's committees.
- Working with Rhode Island Department of Health (HEALTH) and other related organizations to design events and create media opportunities to raise public awareness of tobacco issues in an effort to direct attention towards effective evidence-based solutions.

Deliverables

- Increase and support a robust, diverse and educated organizational membership.
- Deliver a three to five year tobacco control strategic plan to include: environmental change, media, and evaluation strategies and goals.
- With organizational membership, create a year-to-year tobacco control environmental change agenda and implementation plan.
- Construct a strategic action plan for youth engagement during year one.
- Create and act upon a five year plan for organizational sustainability.
- Provide technical assistance and work in concert with local communities as they move forward with tobacco control environmental change initiatives.

CLAS Language

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to

increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the

organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and

utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*** Mandates**

11-28-11

SECTION 4: REQUIREMENTS / REPORTING

Requirements

To ensure compliance, the Department of Health shall regularly monitor the activities under this contract. The contractor must provide access to any and all materials relevant to the evaluation and monitoring activities and requirements described herein. The contractor will be responsible for supervision, performance and adherence to contractual language of all its subcontractors. The State will retain total discretion of all administrative decisions regarding the management and billing of and/or receipt of payments for services rendered. The contractor must have sufficient liability insurance coverage and/or be bonded.

Eligible applicants must be community-based, public or non-profit agencies who are in good standing with the federal government. The applicant for this role must have experience in building and maintaining coalitions; have proven success in policy and environmental change efforts; possess campaign development expertise; and the ability to use media advocacy effectively. It is essential that the coalition manager be a self-motivated individual, and a skilled team builder that can inspire and motivate others to come together for common goals.

The agency selected as a result of this request will be responsible to the Director of HEALTH. The scope of the work may be modified by HEALTH prior to beginning work on a given task.

HEALTH reserves the exclusive right to:

- Align the contract with the state fiscal year end, even if the activities are scheduled to end at an earlier date.
- Establish a later effective date in the contract if circumstances are such that it is in the State's best interest to delay it, or if funding availability is undetermined.
- Terminate the contract within the first contract year if the contractor is not able to meet the specified requirements. In addition, with a thirty (30) day notice from HEALTH, this contract may be cancelled anytime for cause.
- Health reserves the exclusive right to verify the contents of a proposal submitted by an applicant. Misleading or inaccurate responses shall result in rejection of the proposal. Also, HEALTH may obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and the applicant's capability and performance under other HEALTH contracts, other state contracts, and contracts with private entities. HEALTH may use any of this information in evaluating an applicant's proposal.

Reporting

The contractor will be required to submit a monthly activity report to reflect activities conducted by the 10th of each month following the delivery of services. The activity report is to be accompanied by a monthly invoice and appropriate supporting documentation. During the first grant year, the annual work plan is due within 30 days of the contract award notice. Each following year, the annual work plan is due by August 1st or on day 30 from the grant renewal date. In addition, a yearly end of year report citing major accomplishments, lessons learned, and barriers to the work should be submitted 30 days following the yearly grant end date.

SECTION 5: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. **Capability, Capacity and Qualifications of the Offeror** – Please document experience in building and maintaining coalitions; record of success in informing policy and in environmental change efforts; campaign development expertise; ability to use media advocacy effectively; and success in regard to coalition sustainability. The offeror should demonstrate ability to provide training and ongoing technical assistance in regard to tobacco control best practices. Applicant must detail ability to increase overall membership of the organization.
2. **Project Staff and Organization** – Please provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of contract oversight and fiscal management.
3. **Approach and Quality of Project Work Plan** – Please include proposed approach for youth, stakeholder and diverse population engagement. Also, include strategies for addressing policy, media, evaluation and sustainability plans. Activities and timelines should be outlined by SMART (Specific, Measurable, Achievable, Realistic, and Time-oriented) objectives. In addition, the proposal should include a description of the proposed three to five year strategic planning process.
4. **Evaluation Plan** – Describe an outcome monitoring and evaluation plan listing tools to track process, output and outcome measures for each component of the application.
5. **Detailed Budget and Budget Narrative**

Funding allocations for the Tobacco Control Community Education and Coordinating Organization is estimated based on federal and state fiscal year 2015 funding levels. All allocations and subsequent awards within the project period are estimated. Actual total awards and individual contract funding levels may vary from that listed, or funding may be withdrawn completely, depending on availability of federal and state funding, and as directed by the Center for Disease Control and Prevention (CDC).

The total cost of the state contract for the Tobacco Control Community Education and Coordinating Organization is not to exceed \$ 110,000 over the 12 month period; however, the State is interested in receiving the best value for these services. Vendors are encouraged to be competitive in their cost plan. The vendor must prepare a cost proposal for the first year reflecting the proposed scope of services.

Fiscal Capacity

1. Applying organization must be fiscally solvent.
2. Offeror must employ or plan to hire a fiscal staff member with a proven record of responsible budget management. This staff member will be responsible for invoicing and tracking expenditures.

Applicant must clearly identify a cost-effective budget (**Appendix A - Annual Budget Report Form**). Line items are to be accurate, and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

In Budget Narrative, please detail need for proposed expenses for Year One. Also, complete an itemized budget with expenses corresponding to each budget category consistent with objectives and program activities.

Allowable Expenses

Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the hourly rate and the total annual salary.

Fringe Benefits: Include those benefits normally provided by an organization. Percent and detail breakdown of each benefit is required, such as FICA, unemployment, workers compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.

Consultants: List each consultant individually, specifying the hourly rate and anticipated annual cost. Only expenses for functions related to this project may be included.

In-State Travel: Reimbursement for mileage expenses is not to exceed \$0.56/mile. Reimbursement of travel expenses is allowed for activities related to this project only.

Out of State Travel: If relative to activities of this project only.

Printing / Copying: Include the cost of duplicating materials, bulletins and flyers as relative to the goals of the project.

Supplies: List office and program supplies allocated to the project. Refreshments are not an allowable expense.

Telephone/Internet: Include telephone and internet expenses associated with the project.

Educational/Resource Materials: List brochures or other resource materials to be purchased for the project.

Postage: Indicate postage expenses allocated to the project.

Other: Please include any proposed stipends, incentives, or additional fees.

Indirect / Administrative Cost: Expenditures may not exceed 10% of direct costs, excluding consultants. This includes cost of office space, rental space, utilities, computer access for data management, etc.

Funds may **not** be used for capital expenses.

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award.

Duplication of Services/Cost Avoidance

Applicants must be certain to assure HEALTH that the funds to be utilized associated with this scope of work are not duplicated in other areas of their agency. These funds are specific to the agreed upon scope of work via this contract and therefore should be utilized to meet the deliverables articulated in the RFP.

SECTION 6: EVALUATION AND SELECTION

HEALTH will award contracts to applicants whose proposals demonstrate conformity to the RFP's specifications with respect to the scope of services and the project cost. Applicants must demonstrate that they possess the fiscal resources required to implement the proposed project.

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The proposal must receive a minimum of 70 (70%) out of a maximum of 100 technical points to be considered responsive. Any proposals scoring less than 70 points will be dropped from further consideration. Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Capability, Capacity and Qualifications of the Offeror	20 Points
Project Staff and Organization	10 Points
Approach and Quality of Project Work Plan	30 Points
Evaluation Plan	10 Points
Budget	30 Points
Total Possible Points	100 Points

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation.

Please reference **RFP # 7548570** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7548570 Tobacco Control Community Education and Coordinating Organization**" to:

RI Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet (included in the original proposal only) downloaded from the RI Division of Purchases internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 (included in the original proposal only) downloaded from the RI Division of Purchases internet home page at www.purchasing.ri.gov.
3. **A Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described in Sections 3 and 4 of this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request. Proposals must also include a budget reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project using Appendix A: Budget Report Form.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following:

URL:<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>.

APPENDIX A

BUDGET REPORT FORM

PROPOSED CONTRACT PERIOD: July 1, 2014 - June 30, 2015

PROJECT: Tobacco Control Community Education and Coordinating Organization

AGENCY: _____

ADDRESS: _____

TELEPHONE: _____ FEIN #: _____

EXPENSE CATEGORY	EXPENSE COST
Personnel	\$
Fringe Benefits	\$
Consultants	\$
In-State Travel	\$
Out-of-State Travel	\$
Printing/Copying	\$
Supplies	\$
Telephone/Internet	\$
Educational/Resource Materials	\$
Postage	\$
Other/Specify	\$
Indirect/Administrative Cost	\$
TOTAL REQUEST	\$

PLEASE SUBMIT SEALED BUDGET PROPOSAL SEPARATE FROM TECHNICAL PROPOSAL